

EXHIBIT A

STATE OF NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE  
CONSOLIDATED AUTO INSURANCE DATA REPORT

Instructions Page

This report is due semi-annually on the following dates:

January 10                      July 10

The data evaluation date for this report is:

December 31                      June 30

This report is comprised of four separate spreadsheets labeled PBASIC (PAIP Basic Policies), VBASIC (Voluntary Basic Policies), PSTAND (PAIP Standard Policies) and VSTAND (Voluntary Standard Policies). Each Voluntary Market spreadsheet contains 16 data worksheets (one for standard tier and 15 other tiers). Voluntary Market insurers with more than 16 total tiers should add the appropriate number of worksheets to the applicable spreadsheet and label each added worksheet according to its tier number. A worksheet labeled CombinedSummary shall be completed for all voluntary tier exposures. Each PAIP Market spreadsheet contains one data worksheet to record exposures.

Each voluntary insurer that has not filed for and/or received approval of a tier rating system shall report all in-force exposures in either the VSTndTierBasicPol or the VSTndTierStndPol worksheets that reside in the VSTAND and VBASIC spreadsheets.

In addition to entering data individually for standard and tier exposures, insurers must also complete the General Information worksheet. When completing the Operator Classification portion of this report, insurers shall use the classification designations outlined in the worksheet labeled Classification Codes. Insurers must report all classifications. In the event that an insurer classification does not match exactly those included in this template, the insurer must include all such exposures in the classification that most closely matches the classification.

Data must be provided separately for each company that is part of a group.

Contact Person: Cliff Day  
609-984-7310-ext 50433  
cday@dobi.state.nj.us

Submit Report To: New Jersey Department of Banking and Insurance  
P.O. Box 325  
Trenton, NJ 08625  
Attn: Cliff Day-Office of Property and Casualty  
cday@dobi.state.nj.us

Function: This report combines the Voluntary Market Exposure Report (NJSA 17:30E-14), Tier Report (Order A99-135), Senate Bill 3 Reporting Requirements regarding territorial reporting by rated operator age and written premium by standard vs. basic policies, and Classification Survey Report (NJAC 11:3-16.15).

Scope: This report includes Voluntary Basic, Voluntary Standard, PAIP Basic and PAIP Standard data.

Important Terms and Definitions

"Classification codes" refers to the classification codes as defined in the NJPAIP manual. See attached code definitions.

"Exposure" means In-force Vehicle as of the evaluation date.

"Rated Operator" means the operator whose classification code is used to determine the premium for the vehicle reported as an exposure.

"Territory" refers to the 27 territories as defined in the NJ PAIP manual.

"Tier Designation" refers to one or more underwriting rules, filed and approved pursuant to NJSA 17:29A-46.1, which defines and characterizes one or more mutually exclusive groups of insureds. These are identified by number or combination of alpha-numeric symbols such as Tier 1, Tier 2, Tier 3A, Tier 3B, etc.

"BI Tier Factor" refers to the Bodily Injury liability rating factor assigned to a tier designation.

"Voluntary Basic" means a private passenger automobile policy offered pursuant to NJSA 39:6A-3.1.

"Voluntary Standard" means a private passenger automobile policy offered pursuant to NJSA 39:6A-4.

-PAIP Basic means a private passenger automobile policy established pursuant to NJSA 17:29D-1 and NJAC 11:3-2 and offered pursuant to policy and coverage provisions under NJSA 39:6A-3.1.

-PAIP Voluntary means a private passenger automobile policy established pursuant to NJSA 17:29D-1 and NJAC 11:3-2 and offered pursuant to policy and coverage provisions under NJSA 39:6A-4.

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## Editor B

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Classification Description	Principal Operator Age 65 or Over	No Vocational Principal Operator Under Age 65 Please Use	No Vocational Principal Operator Under Age 65 Work 3-10 Miles	No Vocational Principal Operator Under Age 65 Work >10 Miles	No Vocational Principal Operator Under Age 65 Business Use	No Vocational Principal Operator Under Age 65 Farm Use	Vocational Operator Unmarried Female Please Use	Vocational Operator Unmarried Female Drive to Work Business Use	Vocational Operator Married Male Please Use Farm Use	Vocational Operator Married Male Drive to Work Business Use	Vocational Operator Unmarried Male Principal Operator or Owner	Vocational Operator Unmarried Male Not Principal Operator or Owner		
Trailer	Br-Force E-Couplers	Written Premium	Br-Force E-Couplers	Written Premium	Br-Force E-Couplers	Written Premium	Br-Force E-Couplers	Written Premium	Br-Force E-Couplers	Written Premium	Br-Force E-Couplers	Written Premium	Br-Force E-Couplers	Written Premium
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**CONSOLIDATED AUTO INSURANCE DATA REPORT**

### PAIP Standard Policy In-Force Exposures and Written Premiums

Company/Group:  NAIC Number:

Group Number:	
Tier Designation:	0.00

BI Ther Factor: 0.00

### Exhibit C

Question	Physical Operator Apr 03 or Over	No Physical Operator Under Apr 05 Pleaseuse Use Work < 3 Miles	No Physical Operator Physical Operator Under Apr 06 Work 3-10 Miles	No Physical Operator Physical Operator Under Apr 06 Work 10+ Miles	No Physical Operator Physical Operator Under Apr 06 Business Use	No Physical Operator Physical Operator Under Apr 05 Farm Use	Physical Operator Unlimited Family Personal Use Farm Use	Physical Operator Unlimited Family Drive to Work Business Use	Physical Operator Limited Mile Personal Use Farm Use	Physical Operator Limited Mile Drive to Work Business Use	Physical Operator Unlimited Mile Physical Operator or Owner	Physical Operator Unlimited Mile Not Physical Operator or Owner
Territory	In-Force Excesses	Within Premium	In-Force Excesses	Within Premium	In-Force Excesses	Within Premium	In-Force Excesses	Within Premium	In-Force Excesses	Within Premium	In-Force Excesses	Within Premium
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Company  
Footnotes.

**CONSOLIDATED AUTO INSURANCE DATA REPORT****CONSOLIDATED AUTO INSURANCE DATA REPORT**

### Voluntary Basis Policy In-Force Exposures and Written Premiums

Company/Source:  , NAIC Number

Total Number of Exposures Insured by Classification, Tier and Territory as of:

Group Number:

Tier Designator:

El Tier Factor

[illegible]

STATE OF NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE  
CONSOLIDATED AUTO INSURANCE DATA REPORT

Voluntary Standard Policy In-Force Exposures and Written Premiums

Company/Group:

NAIC Number:

Group Number:

Total Number of Exposures Itemized by Classification, Tier and Territory as of:

Tier Designation:

El Tier Factor:

Classification Description	Principal Operator Age 65 or Over		No Youthful Operator Principal Operator Under Age 65 Pleasure Use		No Youthful Operator Principal Operator Under Age 65 Work 3-10 Miles		No Youthful Operator Principal Operator Under Age 65 Work >10 Miles		No Youthful Operator Principal Operator Under Age 65 Business Use		No Youthful Operator Principal Operator Under Age 65 Farm Use		Youthful Operator Unmarried Female Pleasure Use Farm Use		Youthful Operator Unmarried Female Drive to Work Business Use		Youthful Operator Married Male Pleasure Use Farm Use		Youthful Operator Married Male Drive to Work Business Use		Youthful Operator Unmarried Male Principal Operator or Owner		Youthful Operator Unmarried Male Not Principal Operator or Owner	
	In-Force Exposure	Written Premium	In-Force Exposure	Written Premium	In-Force Exposure	Written Premium	In-Force Exposure	Written Premium	In-Force Exposure	Written Premium	In-Force Exposure	Written Premium	In-Force Exposure	Written Premium	In-Force Exposure	Written Premium	In-Force Exposure	Written Premium	In-Force Exposure	Written Premium	In-Force Exposure	Written Premium	In-Force Exposure	Written Premium
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**STATE OF NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE  
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**PAIP Policy  
General Information Sheet**

Evaluation Date:

Company/Group Name:

Group NAIC Number:

Company Name:

Company NAIC Number:

Signature,  
Authorized Insurer Representative

Date of  
Report

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**Voluntary Policy  
General Information Sheet**

Evaluation Date:

Company/Group Name:

Group NAIC Number:

Company Name:

Company NAIC Number:

Number of Tiers\*

\*For insurers that have filed and approved tiers, enter the applicable number of tiers (including the standard tier) for which data is being reported. For insurers that have not filed and received tier approval, enter 0 in this cell.

Signature,  
Authorized Insurer Representative

Date of  
Report

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